



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
P.O. BOX 9034
OLYMPIA, WA 98507-9034
Telephone (360)664-1400

LIMITED LIABILITY COMPANY INFORMATION

Must be filed with a Master Application (or upon request)

Type of license(s) requested – check all that apply: ☐ **Liquor** ☐ **Lottery** ☐ **Dealer/Manufacturer** (Vehicles)

LLC INFORMATION

LLC's must be registered with the Washington Secretary of State.

Name of LLC		Telephone No. ()	
LLC Mailing Address: <i>Street or Route</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
UBI No. (If known)	Date of Formation	State of Formation	

LLC MEMBERS/MANAGERS AND SPOUSES

Name	Address/Telephone No.	Date of Birth	Social Security No.	% or Units Owned
1st Member/Manager				
Spouse of Above				
2nd Member/Manager				
Spouse of Above				
3rd Member/Manager				
Spouse of Above				
4th Member/Manager				
Spouse of Above				

Please attach additional sheets if necessary, in same format

The undersigned hereby certifies to the Washington State Liquor Control Board, Lottery Commission, and/or Dealer and Manufacturer Services, that the above information is accurate and complete. Misrepresentation of this information is cause for denial of the license applied for.

Name - please print

Title

X

Signature - must be LLC member or manager

Date

Return White and Yellow Copy – Keep Pink Copy